

**COUNTY OF ROCKINGHAM, VIRGINIA
COMMISSIONER OF THE REVENUE**

20 East Gay Street / Harrisonburg, VA 22802

MONTHLY REPORT OF COLLECTIONS - UTILITY TAX

For the Month of _____ 20__	Residential	Consumer/ Commercial/ Or Industrial	Total
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Amount of Tax Levied (Charged) on Services	\$ _____	\$ _____	\$ _____
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Amount of Tax Collected on Services	\$ _____	\$ _____	\$ _____
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* Difference	\$ _____	\$ _____	\$ _____
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Difference and credit must be fully explained below.

Detail of tax refused to be paid by consumer: (attach sheet if additional space is needed)

Date	Name of Consumer	Address	Amount of Tax
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_____	_____	_____	_____
_____	_____	_____	_____

Explanation of credits claimed or differences:

I hereby certify that the foregoing report is true and accurate to the best of my knowledge and belief, and herewith transmitted in our Check Number _____, dated _____ 20__ payable to the County of Rockingham, in the amount of \$ _____ representing the total amount of utility tax collections by our firm for the month of _____ 20__.

(firm) _____
_____ 20__

Date of Report

By (title of officer) _____

Make check payable to County of Rockingham. Mail check along with the original and duplicate of this report to the Commissioner of the Revenue, County of Rockingham, 20 East Gay Street, Harrisonburg, Virginia 22802. Retain a copy for your files. Reports and remittances to be made on or before the last day of the first calendar month thereafter the collection period (i.e. July's report due on or before August 31st.)